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BOROUGH OF SALTASH

R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for 1958.

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To the Mayor, Aldermen and Councillors
of the Borough of Saltash.

Your Worship, Ladies and Gentlemen,

During the year 1958 there was no change in the estimated population of No. 7 Health Area, although there were minor changes in the populations of five of the six County Districts in the Area. There were small increases in the estimated populations of Torpoint Urban District and Looe Urban District, small decreases in those of St. Germans Rural District, Liskeard Rural District and Saltash Municipal Borough, whilst that of Liskeard Municipal Borough was unchanged. The corrected birth rate of 14.9 per 1000 was below the national figure of 16.4 per 1000. There was an increase in the number of still births and the rate per 1000 total births rose to 29.0 as compared with 17.1 in 1957.

The corrected death rate at 12.1 per 1000 of population was fractionally below the 1957 rate but again exceeded the national figure of 11.5. The total number of deaths at 684 exceeded the total of live births by 14, which is I believe due to the higher proportion of older people resident in this part of Cornwall. Of the various groups of diseases causing death those affecting the heart were most prevalent, with cancers of various kinds again holding second place. Of the defined forms of cancer that of the lung and windpipe was most numerous, with cancer of the stomach not far behind in order of prevalence as a cause of death. The mortality rate for lung cancer in this Health Area was only fractionally below that for the country as a whole, and was appreciably higher than that for the County of Cornwall. There was a small increase from 12 in 1957 to 15 in 1958 in deaths of infants under one year of age, but the infant mortality rate for the Area was still slightly below the rate for England and Wales. As is usual nowadays the bulk of infant mortality is in fact neo-natal mortality i.e. occurring in the first four weeks of life, and during 1958 this was the case in No. 7 Health Area where 12 of the 15 infant deaths were of infants under four weeks of age.

In my annual reports of the last two or three years I have written at some length about the increase in mortality due to cancer of the lung and bronchus. There is little new to add to what has already been said although such fresh statistical evidence as comes to light from time to time continues to incriminate moderate or heavy cigarette smoking as a major cause of this form of cancer. I do not know of any new facts or theories on the causation of this fatal disease which would lead me to modify the advice I have already given on the subject. I realise that to persuade confirmed addicts of cigarettes to relinquish the habit is an almost hopeless task, and the main object of education and propaganda must be directed to dissuading young people, especially those still at school, from taking up the smoking habit. The difficulties confronting any such campaign are formidable indeed. For one thing the danger is to the adolescent remote - some 30 to 40 years distant. Then there is lack of good example amongst those in contact with young people, parents, teachers, doctors, amongst whom the smoking habit is widespread and firmly established. Rarely has the task of reinforcing and supporting precept by good example been more difficult. Finally there is the psychology of the situation, in which everything conspires to suggest to the teenager that to smoke is an outward and visible sign of being "adult", a throwing off of the shackles of childhood, a symbol almost as meaningful as possession of the front door key.

The year 1958 was a relatively quiet one in the field of infectious disease, when the total number of cases notified was only 277, the lowest recorded in the Area since 1952 when 234 cases were notified. The most prevalent diseases were measles with 113 cases and whooping cough with 71 cases. Of individual districts Looe Urban District with 86 cases had the highest prevalence of notifiable disease due to small outbreaks of measles, and whooping cough. The lightest incidence of notifiable disease was in Torpoint Urban District with only 6 cases, and Liskeard Municipal Borough with 8 cases was almost as fortunate. Of more serious types of communicable disease there were four cases of poliomyelitis one of which in an adult was unfortunately fatal. The deceased being an adult was too old to have participated in the poliomyelitis immunisation scheme. Of the other three cases one child who suffered a moderate amount of paralysis had not been immunised. The other two cases, one of whom had been immunised were mild non-paralytic forms of the disease. One mild case of diphtheria in an adult too old to have been included in the diphtheria immunisation

campaign when it commenced in 1940 was notified in Torpoint Urban District.

There was some increase in the number of new cases of tuberculosis notified during 1958. There were 27 cases in all an increase of 6 over the 1957 total. Of these 23 were respiratory infections and 4 were non-respiratory infections. There were 6 deaths attributed to tuberculosis during the year. Whereas mortality from tuberculosis has fallen very sharply over the past ten years, and there has been some reduction in the number of new infections, the latter improvement has not been nearly so spectacular as one could have hoped or wished for. Indeed during the last 12-18 months there has been some increase in this Area in new cases discovered, and notified. In the first decade following the end of the last war it did appear that the prospects of eradicating tuberculosis were quite bright. Experience has however shown that some of our hopes and conclusions were perhaps wishful thinking, and the reduction in the amount of infection in the community, and the establishment of proper control over it will be a much slower process than was believed some years ago. I do not wish to appear a pessimist and give the impression that no further improvement is possible. I am confident that given the co-operation and understanding of the public it will be possible to reduce the incidence of tuberculosis to negligible proportions but we must not expect to reach this happy state of affairs without some delay, and without some reverses, and setbacks to our hopes from time to time.

Just over 100 years ago when what we now know as the Public Health Service had its beginnings the emphasis was on improving the appalling physical conditions in which a great many lived, since these were clearly linked with and responsible for widespread suffering, and disease, high mortality, and greatly reduced expectation of life. Although the pioneers and early workers in this field encountered many obstacles and had to fight against opposition from vested interests and apathy amongst those they were trying to help, the evils against which they fought were clearly defined physical entities such as unhealthy and overcrowded housing conditions, inadequate and grossly polluted water supplies and an almost total lack of sanitation. Most of these defects in mans physical environment have now been eliminated, and with the greatly reduced incidence of infectious disease, and a considerable improvement in living standard those factors menacing the physical well-being of the community have been largely removed. This decline in morbidity and mortality from communicable disease has tended to throw into sharper relief the other ills to which human flesh is heir. Not the least of these is disturbance or frank disorder of mental health the treatment of which has become a major preoccupation of the medical profession, and social workers throughout the country. The causes of mental ill-health are so numerous, and vary so much from one individual to another, that it is difficult, if not impossible to find any large scale or mass solution of them, and methods which served well in the past to deal with slum clearance, water supply, sanitation, immunisation and other public health procedures have a very limited application in the prevention of mental disability and disease, where the solution of problems must be on a much more individual basis. Even if sufficient and suitably trained personnel can be found to probe into the probable causes of mental disorder and to give advice, and material help to sufferers, there must be a large number of cases in which little real help can be given. So many of the causes lie deeply concealed or are so disguised as to be difficult to recognise, or are so large and widespread as to be incapable to solution that one can only hope for minor improvements, such as the mere sharing of the burden of anxiety may bring about. On the face of it mans efforts to provide himself with more material security, more leisure time, and a generally higher standard of living would seem to be reasonable, and indeed laudable. For some at least it may be that increased time for leisure provides not time for physical and mental recreation but more time in which to be bored, and greater opportunity to worry, whilst the attainment and maintenance of a higher standard of living, particularly if it involves "keeping up with the Joneses", inevitably involves a more pressing sense of responsibility than the simpler life did. It is also probably true that ordinary citizens feel themselves more involved in international affairs now that methods of mass destruction are being brought to a high degree of effectiveness. The last war left us in no doubt that none of us can count on being spared the hardships and the horrors of modern warfare, and I believe that this knowledge coupled with the increasing war of nerves, and international tension has some adverse effect on almost all of us. I have set out these probable causes of mental disability and ill-health to show what a formidable task exists in preventing anxiety and worry of one sort or another. Fortunately there is much which can be done in the realm of more local and personal problems and in this lies the main hope of preventing mental ill-health or lessening its effect before it becomes too firmly established.

It is appropriate after dealing with mental health to pass on to a subject which is generally believed to play some part in undermining mental stability and equilibrium. In this largely rural area the question of noise is nowhere so acute or distressing as in built-up areas where industry and modern systems of transport make a constant and substantial contribution of loud, discordant and often distressing

sounds to the uneasy air, the latest, and most strident villains of the piece being the large jet propelled aircraft. Whilst the human ear and its allied auditory system is amazingly tolerant of loud and discordant sounds, and serious or permanent damage to the hearing mechanism is uncommon outside very noisy industrial processes, it is clear that living in a noisy environment can cause mental fatigue and noise can be a serious detriment when it interferes with sleep or disturbs people who are ill or recuperating from illness. Whilst much has been and is being done to improve sound insulation and absorption in buildings, we are very much less critical when noise originates in the open air. Here the main source of unpleasant noise is the mechanically propelled vehicle. Not all are equally culpable, and the modern private car if well maintained, and considerately used does not create much noise. The main offenders appear to me to be inadequately silenced heavy transport vehicles, sports cars and motor cycles, the latter often in the hands of young people to whom the sound of an ear-shattering exhaust note is the be-all and end-all of living. With the rapidly mounting total of vehicles using the congested roads serious consideration will have to be given to the reduction or better the elimination of all unnecessary noise arising from traffic particularly in urban areas, and at night time. Another potent but less constant source of loud, and often disturbing sound is the modern public address system. This is now widely used to provide music at fairs and sports grounds, by business concerns to advertise their wares, by organisers of social events, by religious bodies and last but not least by candidates seeking to win votes for elections of one sort or another. Of these, the fixed installations on fair grounds, and sports fields, provided they do not operate too late in the evening, are probably the least disturbing. On the other hand the mobile installations carried on vans, trucks and even private cars can and do, by their ability to move close to dwellings in residential areas, cause considerable disturbance and annoyance to householders. It is notoriously difficult to shut out from our homes and our heads powerfully amplified sound, and we have therefore little choice of rejecting what we do not wish to hear. However sweet the synthetic chimes of the ice-cream vendor, or deep the wisdom of the politicians impassioned pleading, there are times, and occasions when we do not want them thrust upon us willynilly. Surely there are so many other means of modern publicity on press, radio and television in which the element of choice still remains with the customer or constituent as to whether he will look or listen, that the already clamorous air around our homes can be spared this noisy modern technique of mass persuasion. I feel that the use of public address systems particularly the mobile variety should be subject to stricter control, and their use confined largely to putting across to the public information of a vital and urgent character.

The steady increase in the proportion of elderly people in the community is well known, and increasing attention is being given to examining the problems and assessing the needs of old folks, particularly those living alone. There is no doubt that if old people can be kept in the surroundings to which they are accustomed they are normally very much more happy and content, and their care and maintenance represents a very much smaller charge on rates and taxes than placing them in an institution or an old persons home. The great majority of them can and do continue to live in their own homes and if the standards of cleanliness, and housecraft are not of the highest undue concern should not be felt if their living conditions do not constitute a nuisance or prove a source of annoyance or concern to their immediate neighbours. In many cases however the poor structural condition, of the house which may be too big for an old couple or a single old person to manage comfortably coupled with lack of amenities make it desirable that rehousing should be undertaken. Where old people are able-bodied, active and capable of looking after themselves the aim should be to transfer them to a small modern dwelling designed and equipped to meet the needs of the elderly. Such provision should be incorporated in new housing estates in such a way that the old people do not feel themselves shut away or segregated from the rest of the community, and can receive companionship and where necessary material help from their younger, and more active neighbours.

A certain number of the elderly, because they live far beyond the normal span, or because of some acceleration in the process of ageing, become physically and/or mentally incapable of caring for themselves, and become a source of anxiety to relatives, and neighbours, and as such form the subject of complaint. Apart from dirty and insanitary habits and mode of living, the dangerous practice of throwing paraffin oil on the fire, and the use of candles or oil lamps is almost invariably referred to. If the house in question is one of a row of houses, the anxiety about the fire risk is understandable. The singed eyebrows and hair of the old person together with evidence of damage to floor coverings, furnishings and bedding by sparks, live coals, or naked flames shows that the danger is real. Where this state of affairs exists the only satisfactory solution is for the old person to enter an institution or a home where they can be properly housed, fed, and cared for.

Unfortunately many - indeed most - of these difficult cases resent any attempt to help or advise them and are most reluctant to enter an institution or home. This reluctance to accept help or consent to move to a place where they can be adequately cared for stems from a variety of reasons, many of them not very sound. There is a spirit of independence which resents pressure or interference from outsiders and indeed in many cases from relatives and friends also. Coupled with this one often finds a deterioration in mental calibre and power of reasoning which enables the old person to accept a very much lower standard of living as a normal state of affairs. Finally there is a mistrust or fear of the institution or home as being nothing more than the dreaded "workhouse" of less happy days, and this fear is not easily dealt with when an otherwise excellent home is housed in buildings which were some years ago "the workhouse". I believe this latter fear is gradually dying away and being dissipated by the changed atmosphere, higher standards of care, and the brighter and more attractive appearance of accommodation at these places, whilst the purchase and conversion of large houses, and hotels for old folks homes is doing much to persuade those who can no longer care for themselves to more readily accept the accommodation which is offered them by welfare authorities.

Elderly persons are not unnaturally more prone to illness which usually confines them to bed. If they are living alone such a situation may soon result in a serious deterioration in their living conditions, and it seems to me that there should be provision for the rapid removal of the old person to hospital for treatment of the illness. Unfortunately such is the pressure on beds for old people in hospitals in the Plymouth Clinical Area that cases very frequently have to be put on a waiting list with no certainty of obtaining a bed for from two to four weeks. Such a delay causes much anxiety to the family doctor, the nursing service, and to neighbours, relatives and friends of the old person, and I am often approached with a request that I expedite the admission. Unfortunately I have no power to do so and can only reiterate what must already be known to the hospital authorities concerning the unsatisfactory home conditions. I hope the Regional Hospital Board will bear constantly in mind the necessity of having available an adequate number of beds to deal with the increasing number of old people in the community.

In recent years some hardening in the attitude of local residents to the establishment of caravan and camping sites in their neighbourhood has been noticeable. Much of the opposition derives from a belief that the establishment of further sites would be detrimental to the natural amenities of the district, and injurious to existing hotel and catering business in the vicinity. As I am not qualified to express any authoritative view on these matters I do not propose to comment on them. Some opponents of caravan sites have however gone further and suggested that such sites are necessarily detrimental to the health of those who use them, and to those who live in the neighbourhood in which they are situated. Given a good lay-out, with adequate spacing of caravans and tents, an adequate and pure supply of water, and proper methods of sanitation, sewage disposal and removal of domestic refuse, I know of no reason why any site should be a menace to the health of those who choose to live there, or to those local inhabitants in the vicinity. Although I personally do not favour the caravan, however well equipped or sited, as a place of permanent residence, I know of no evidence showing it to be an unhealthy way of life. Thus the well laid out site with good services offers no target for criticism on grounds of health.

We in the public health world are more perturbed by conditions obtaining on some of the older sites licensed before 1939 and on which it is difficult or impossible to enforce the provision of adequate services, and on sites which under existing legislation may be brought into use for a restricted period at the height of the holiday season. As I referred at some length to this aspect of the matter in my 1957 report, I shall not comment further at this.

An aspect of holiday making not unconnected with camping sites came to notice during 1958, and was the subject of complaint. I refer to the use of roadside verges and lay-bys by people who sleep in their cars. This not very desirable practice has been on the increase in recent years and during the peak holiday weeks of 1958 it reached considerable proportions in this part of Cornwall. Whilst nobody wishes to deny holiday makers the right to spend the nights of their holiday in this uncomfortable way if they so choose, the fouling of the ground in the vicinity by human excrement is something which cannot be overlooked. Since not all roadside verges are suitable for parking on, those parts which are tend to be heavily and continuously used for some weeks during July and August. We have for some years known of the problem created by litter left by motorists using roadside verges for picnicing, and efforts to cope with this showing some results. The unsatisfactory state of affairs arising when people in increasing numbers choose or are compelled to spend their nights by the side of the road is more difficult to deal with, and it may well be that such people will have to be persuaded or compelled to spend their nights on sites where some necessary sanitary services can be provided.

The only part of the Health Area in which up to now water supplies have been generally unsatisfactory and a cause for some concern has been the Liskeard Rural District. This situation has been undergoing a rapid improvement, particularly in the past two or three years, and within the next twelve months a large proportion of the residents in the Liskeard Rural District will have available an adequate supply of good quality water. When this position has been reached almost the whole of south east Cornwall will have good water supply arrangements.

In contrast with water supply progress in sewerage and sewage disposal has been much slower, and much still remains to be done. Now that Callington is provided with an effective sewage disposal system, the only sizeable inland town without proper means of dealing with sewage is the Borough of Liskeard. In this case all the engineering proposals for the provision of sewage disposal have been submitted to the Ministry of Housing and Local Government from whom the next move in the matter is shortly expected. At Looe the question of pollution of the river and the foreshore adjacent to the river mouth by crude sewage from the town has continued to cause concern to the Urban District Council, and outline schemes for improved methods of disposal have been prepared by Consulting Engineers and are under active consideration by the Council. Although some progress was made during the year in providing sewage disposal schemes in the larger villages in the ^{two} Rural Districts many are still without adequate means for disposing of sewage. The arrival of more dependable water supplies in almost all parts of the Liskeard Rural District will undoubtedly increase the volume of domestic sewage to be disposed of and will aggravate nuisances which already exist in the neighbourhood of many villages and hamlets. In a world guided by Utopian principles I have no doubt that schemes for providing good supplies of water and those for disposing of waste matter adequately would proceed side by side. In our less, perfect society because ~~our~~ resources in materials, and finance would find it difficult to sustain simultaneous progress on both these fronts, schemes for water supply usually take precedence. I hope that the necessary supporting schemes for sewerage and sewage disposal will not be too long delayed.

In concluding this general preface I should like to express my sincere thanks to those with whom I have worked during 1958 for their help and kindness to me at all times.

I have the honour to be,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

STAFF

MEDICAL OFFICER OF HEALTH

P. J. FOX,
M.B., B.Ch., B.A.O., D.P.H.

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J. MARTIN,
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Church House, Saltash, Cornwall.
Telephone - Saltash 3190.

CLERK:

P. M. WHELL (Mrs).

OPERATIVE:

T. M. KELLY.

SECTION A
STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of the Borough	6,257 acres
Registrar Generals Estimate of Resident Population	7,430
Number of Inhabited Houses	2,411
Rateable Value	£80,210
Sum Represented by Penny Rate	£323

Vital Statistics for 1958

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	63	46	109
	<u>Saltash M.B.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Birth rate per 1000 of population	15.1	14.9	16.4
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	3	1	4
	<u>Saltash M.B.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Still birth rate per 1000 total births	35.4	29.0	21.6
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	43	58	101
	<u>Saltash M.B.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Death rate per 1000 of population	11.4	12.1	11.7
Maternal Deaths	None registered		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of Infants under 1 year of age	-	2	2
	<u>Saltash M.B.</u>	<u>Health Area No.7</u>	<u>England & Wales</u>
Infant mortality rate per 1000 live births	18.4	22.4	22.5

Principal Causes of Death at All Ages

Heart disease	38
Cancer (all sites)	19
Vascular lesions of the nervous system ("stroke")	15
Accidents	6
Respiratory disease	5
Circulatory disease	2
Genito-urinary disease	2
Suicide	2

Average Age at Death

<u>Males</u>	<u>Females</u>
70	70

The excess of live births over deaths was again quite small. Although there was an increase in the still birth rate, the infant mortality rate was again below that for the Health Area and the country as a whole. There were no deaths associated with pregnancy and childbirth. Heart disease was again the most common defined form of death. Cancer deaths were more numerous than in 1957, the most common form being that affecting the lung and the windpipe. Some 49% of those who died during the year had attained or exceeded 75 years of age at the time of death.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES

FOR THE AREA.

1. Particulars of the Public Health Officers of the Authority:

These particulars are incorporated at the beginning of the Report. There was no change of staff during the year.

2. Committees:

In May of the year under review it was decided to transfer the Public Health functions of the Public Health and Highways Committee to the Housing Committee. The latter now deals with all Public Health and Housing matters.

3. National Assistance Act, 1948, Section 47:

No action under this section was called for during the year.

4. National Assistance Act, 1948, Section 50:

It was found necessary to arrange for the burial of two persons who died in the Borough during the year under review. The cost of these burials was £39 12s. 6d. but £30 12s. 9d. was subsequently recovered.

SECTION C.

PUBLIC HEALTH CIRCUMSTANCES OF THE AREA.

(Note: The Borough Surveyor - Mr. A. de Barr, A.M.I.C.E., M.I.Mun.E. has kindly supplied certain information contained in this section).

1. Water Supply:

(a) Quality:

Water continued to be supplied from two main sources - the Plymouth Corporation's Waterworks at Burrator and the South-East Cornwall Water Board's Works at Kit Hill. The quality of water received from both these sources remained highly satisfactory.

Samples of water for bacteriological examination from both supplies were taken regularly during the year by the Public Health Inspector. A total of 68 such samples was obtained. The reports on 57 of the samples were as follows:

"Probable number of coliform bacilli - MacConkey - two days - 37°C. - nil per 100 m.l. - highly satisfactory - Class 1."

In the case of the remaining eleven samples, examination showed that the number of coliform bacilli ranged from 2 to 1,300 per m.l. In 5 cases, coliform organisms of the faecal type were also detected. An investigation revealed that the probable cause of the unsatisfactory samples was the contamination of the new reservoir at Winstone Beacon by the ingress of surface water from the roof. Both compartments of the reservoir were emptied, cleansed and chlorinated and the access manholes raised several inches above roof level. All subsequent samples have proved to be satisfactory. In addition, one sample of water from each source was submitted for chemical examination. The result in each case revealed that the chemical quality of the water is satisfactory.

(b) Quantity:

An ample supply of water continued to be available from both main sources. During the year 99,397,000 gallons were supplied by the Plymouth Corporation and 14,625,000 gallons by the South-East Cornwall Water Board. Compared with the previous year there was a decrease of 7,703,000 gallons in the Plymouth supply and an increase of 5,125,000 gallons in the South-East Cornwall Water Board supply.

No restrictions whatsoever were placed on the use of mains water during the year.

(c) Plumbo-Solvency:

The total hardness of water supplied is:

- (i) Plymouth Corporation - 1 p.p.h.t.
- (ii) South-East Cornwall
Water Board - 3 p.p.h.t.

Water from both main sources has little or no action on lead. No cases of lead poisoning were reported.

(d) Proportion of Population supplied from Public Water Mains:

The completion of the Trematon Area Water Scheme has enabled 64 further premises to be connected to a mains water supply. Except for one or two isolated farmhouses, virtually the whole of the Borough has now a mains water supply. The proportion of the population supplied by means of stand-pipes is negligible.

2. Drainage and Sewerage:

No major alterations or improvements were made to the sewerage system during the year. It should be pointed out, however, that not only are the Borough's sewers antiquated, but many of them are now being used far beyond their normal capacity. It is clear that very soon the system will be unable to cope with the increasing amount of sewage produced by a rapidly developing town. In addition, parts of the Borough otherwise suitable for development are unable to be utilised for this purpose because of the lack of adequate drainage facilities.

3. Sewage Disposal:

The disposal of sewage continued to be effected by means of five outfalls into the River Tamar and one outfall into the River Lynher. In previous reports attention has been drawn to the desirability of providing proper treatment for sewage before it enters the water-courses but no action has yet been taken. It is important that this matter should receive early attention.

4. Closet Accommodation:

So far as is known, no conversions from earth closets to water closets were carried out during the year. Now that the outlying parts of the Borough are provided with a mains water supply it is only reasonable that persons residing in these areas should be granted modern means of sanitation. It is impossible for this to be provided on any scale, however, owing to the lack of sewerage and sewage disposal facilities.

5. Public Cleansing:

(a) Refuse Collection:

Refuse collection in the Borough is now carried out in a most satisfactory manner. The original, unhygienic "skip" system has been abolished and collections are now made by means of a modern, rear loading, "fore and aft" tipper.

The collection of refuse takes place once fortnightly in outlying areas, once weekly in the central area and twice weekly in the case of food shops.

(b) Refuse Disposal:

Refuse continued to be disposed of by controlled tipping at the Salt Mill Tip. Although every effort was made to comply with Government recommendations in respect of controlled tipping, great difficulty was again experienced in providing adequate cover for organic refuse. During the summer months this resulted in a very serious nuisance being caused by flies. Attempts were made to reduce the infestation by regularly spraying the refuse with insecticides, but this proved to be only partly effective.

During the year, in conjunction with the Ministry of Agriculture, Fisheries and Food an experiment was carried out into the efficacy of permanent baiting for rodent control on refuse tips. This method had never before been used for surface treatments but it proved to be most satisfactory, some five hundred rats being killed in one week. The system is now employed regularly at the tip.

(c) Salvage:

The recovery and collection of textiles and metals continued during the year, but on a very reduced scale. Receipts from the sale of these materials were as follows:

				£	s.	d.
Textiles	...	...	...	9	18	0
Metals	...	...	..	170	15	3
				180	13	3

There was again no demand for salvaged waste paper.

(d) Street Cleansing:

Four men with orderly barrows continued to be employed in street sweeping. The frequency varies between twice daily and once weekly according to the type of street.

A privately operated vacuum exhaustor is used when required for the emptying and cleansing of street gullies.

(e) Cesspool Emptying:

When required a cesspool emptying vehicle is hired from a neighbouring authority.

6. Public Conveniences:

Male and female public conveniences are provided at:

Alexandra Square;
Burraton Sports Field;
Ferry Waiting Room;
Longstone Park;
St. Stephens; and
Warfelton Sports Field.

7. Public Health Inspection of the Area:

The inspection of all districts was regularly carried out by the Public Health Inspector. It is becoming increasingly difficult for the Inspector adequately to cover the outlying areas owing to the fact that he is not provided with means of transport. During the year under review the following visits and inspections were made by him in connection with:

	No.
Individual unfit houses	67
Houses in proposed clearance areas	37
Moveable dwellings	8
Council houses	5
Overcrowding	1
Aged persons	1
Applicants for Council houses	153
Council house exchanges	2
Lodger applications	13
Grocers' shops	30
Greengrocers' shops	6
Butchers' shops	33
Confectioners' shops	1
Fishmongers' shops	1
Dairies	1
Milk distributors	1
Ice-cream premises	11
Cafes, etc.	1
Slaughterhouses	98
Food complaints	3
Water supply	80
Shops (Shops Act, 1950)	37

	No.
Factories	21
Places of entertainment	1
Vacant land	1
Drainage	55
Sewage disposal	4
Pet shops	1
Keeping of animals	3
Rodent infestations	5
Insect infestations	1
Offensive accumulations	3
Offensive odours	1
Noise nuisances	3
Infectious diseases	1
	740
Other visits (unclassified)	54
	794

8. Factories Act, 1937:

Co-operation was maintained with H. M. Inspector of Factories in the exercise of the provisions of this Act.

Twenty three factories in the Borough were registered and of these fourteen were inspected during the year under review. In two cases contraventions of the Act were discovered, both relating to want of cleanliness.

9. Outworkers:

No outworkers were employed in the Borough during the year.

10. Shops Act, 1950:

Thirty seven routine inspections of shops were made under this Act during the year.

Several contraventions of the Sunday trading and early closing day provisions were discovered but no action was taken by the Council. It was felt that present legislation is virtually unenforceable owing to the fact that it contains so many exemptions and loop-holes.

11. Pet Animals Act, 1951:

One application was received during the year for a licence authorising the establishment of a pet shop. The licence was subsequently granted.

12. Insect Control:

The Council continued to provide a service for the destruction of insect pests. The actual number of treatments carried out was considerably less than in previous years owing to the fact that a charge is now made except in the case of bed-bugs and fleas. The following table gives details of treatments carried out during the period 1st April, 1958 to 31st March, 1959:

<u>Type of Infestation</u>	<u>No. of Treatments.</u>
Ants	6
Beetles	11
Fleas	7
Flies	14
Woodworm	4
Total	42

13. Rodent Control:

The control of rodents continued to be carried out on the lines laid down by the Ministry of Agriculture, Fisheries and Food under the supervision of the Public Health Inspector.

Six hundred and fifty eight inspections were made by the Operative, two hundred and forty infestations being discovered. A successful treatment was carried out in the case of each infestation.

SECTION D.

1. Demolition of Unfit Houses:

(a) Clearance Areas:

The demolition of houses situated in the Waterside Clearance Areas Numbers 1 and 2 and in the St. Stephens Road Clearance Area Number 1 was completed during the year. The total number of dwellings demolished in all three areas, including three houses acquired under Section 43 (2) of the Housing Act, 1957 was twenty nine. Thirty six families, of whom thirty four were rehoused by the Council were displaced from their homes as a result of the demolitions.

On the 16th April, 1958 a Public Local Inquiry was held by the Minister of Housing and Local Government into a compulsory purchase order made in respect of the Waterside Clearance Areas Numbers 3 and 4 in which are situated a further twenty eight unfit houses. The compulsory purchase order was subsequently confirmed by the Minister without modification.

(b) Individual Unfit Houses:

One individual unfit house was demolished during the year.

2. Closure of Unfit Houses:

Four individual unfit houses were closed for the purpose of human habitation during the year.

3. Repair of Unfit Houses:

Twelve individual unfit houses were made fit as a result of informal action by the Borough Council. No formal notices were served.

4. Certificates of Disrepair:

Six applications for Certificates of Disrepair were received during the year. Two applications were refused and in the remaining four cases the landlords were informed that the Council proposed to issue Certificates. Two landlords gave undertakings to carry out the necessary repairs but in the remaining two cases Certificates were subsequently granted to the tenants.

5. Improvement Grants:

Eight applications for Improvement Grants were received during the year. Each application was approved in principle by the Council but grants were only made in seven cases. The grants together amounted to £859 11s. 4d.

6. New Houses:

(a) Local Authority:

The Council continued its policy of not providing new accommodation for ordinary housing purposes. Work continued, however, on the third and fourth extensions of Grenfell Avenue where seventeen dwellings (eight one-bedroom flats, seven two-bedroom flats and two three-bedroom houses) were constructed. All these dwellings were utilised to provide accommodation for families displaced from their homes as a result of the Council's slum clearance programme.

At the end of the year under review the Council possessed five hundred and twenty nine dwellings made up as follows:

	No.
One bedroom flats	36
Two bedroom flats	107

	No.
Three bedroom flats	5
Prefabricated houses	40
Two bedroom houses	56
Three bedroom houses	279
Four bedroom houses	6
Total	529

(b) Private:

Twenty nine new private dwellings were constructed in the Borough during the year.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

1. Milk:

(a) Source of Supply:

Milk supplied to the town continued to be obtained from several private producers and from a large pasteurising establishment. The supervision and the production of milk on farms continued to be in the hands of the Ministry of Agriculture, Fisheries and Food. The pasteurising establishment was inspected and controlled by officers of the County Council.

(b) Milk Distribution:

Sixteen persons are registered as distributors of milk.

(c) The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950.

Sixteen dealers' licences authorising the use of the special designation "Pasteurised" were issued during the year.

Two supplementary licences authorising the use of the special designation "Pasteurised" were also issued.

(d) The Milk (Special Designation) Raw Milk Regulations, 1949 to 1950:

Fifteen dealers' licences authorising the use of the special designation "Tuberculin Tested" were issued during the year.

2. Meat:

(a) Slaughterhouses:

One private slaughterhouse is licensed in the Borough.

(b) Slaughtermen:

Seven persons were licensed to slaughter animals.

(c) Meat Inspection:

All animals slaughtered were inspected according to the method and criteria of meat inspection recommended by the Ministry of Food in Memorandum 3/Meat. The following table gives details of animals slaughtered and inspections made during the year.

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	171	-	12	515	2	-
Number inspected	171	-	12	515	2	-

ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS:

Whole carcasses condemned	1	-	1	-	1	-
Carcasses of which some part or organ was condemned	15	-	-	2	-	-

Percentage of the number inspected affected with disease other than tuber- culosis and cysticercosis	9.36	-	8.33	.39	50	-
TUBERCULOSIS ONLY:						
Whole carcasses condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	2	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis	1.17	-	-	-	-	-
CYSTICERCOSIS:						
Carcases of which some part or organ was condemned	2	-	-	-	-	-
Carcases submitted to treatment by refrigeration	2	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

3. Ice-cream:

Seventeen premises were registered under section 16 of the Food and Drugs Act, 1955 for the storage and sale of ice-cream and one for the manufacture, storage and sale of ice-cream. The supervision of these premises was carefully maintained during the year.

Eleven samples of ice-cream (all hot mix) were obtained from local retailers and submitted for bacteriological examination. The Public Health Laboratory Service reports on these samples were as follows:

Provisional Grade 1	11
Provisional Grade 2	0
Provisional Grade 3	0

4. Other Foods:

The following foodstuffs were inspected, found to be unfit for human consumption and were surrendered voluntarily:

	lbs.	ozs.
Canned Fish		15
Canned Fruit	104	9
Canned Meat	229	12
Canned Milk and Cream ...	3	4
Canned Soup	6	9
Canned Vegetables	34	5
Fish	28	0
Ox Kidney	6	0
Pickles		10

	lbs	ozs.
Preserves	3	8
Tripe	12	0
Total weight surrendered ..	<u>429</u>	<u>8</u>

During the previous year (1957) the amount of food (other than meat) found to be unfit was 399 lbs. 10 ozs. There was thus an increase during the year under review of 29 lbs. 14 ozs.

5. Food Premises:

(a) The number of Food Premises in the Area, by type of business:

Grocers	21
Bakers and Confectioners	5
Butchers	7
Cafes and Restaurants	4
Fish Fryers	3
Fishmongers	3
Greengrocers	4
Dairies	1
Distributors of Milk	16
Licensed Premises	10

(b) The number of Food Premises by type, registered under the Food and Drugs Act, 1955, Section 16:

(i) Ice-crean:

Grocers	11
Bakers	3
Cafes	3
Mixed Premises	<u>1</u>
	<u>17</u>

(ii) Other:

Butchers (Sausage making)	7
Fish Fryers	<u>3</u>
	<u>10</u>

6. Educational Activities:

No new educational activities were undertaken during the year.

7. Method and Disposal of Unfit Food:

All unfit food continued to be disposed of by burial at the Salt Mill tip. Meat found to be unfit at the slaughterhouse was stained with liquid acid green before removal.

8. Food Poisoning Outbreaks:

No cases of food poisoning were notified during the year.

SECTION F.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

1. Notifiable Diseases (other than Tuberculosis)

The incidence of notifiable disease was relatively light in the Borough during 1958, when 54 cases only were notified. Whooping cough and pneumonia were most prevalent each accounting for 15 cases. No case of the more serious infections such as poliomyelitis were notified.

The following are details of cases, and case rates of notifiable disease during 1958:-

<u>Disease</u>	<u>Actual Cases</u>	<u>Case rate per 1000 of population</u>	
		<u>Saltash M.B.</u>	<u>Health Area No.7.</u>
Pneumonia	15	2.02	0.72
Whooping cough	15	2.02	1.39
Measles	12	1.62	2.21
Erysipelas	9	1.21	0.23
Scarlet fever	2	0.27	0.47
		<u>Case rate per 1000 total births</u>	
Puerperal pyrexia	1	8.85	5.80

2. Tuberculosis

The prevalence of tuberculosis decreased during 1958 when 5 new cases occurred, as compared with 7 new cases in the previous year. All 5 cases were respiratory infections, and four of those affected were adults. There were no deaths attributable to tuberculosis during 1958.

The following are details of new cases, and case rates of tuberculosis during 1958:-

<u>Age Group</u>	<u>New Cases</u>		<u>Deaths</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 1	-	-		
1 - 5	-	-		
5 - 15	1	-	None registered	
15 - 45	2	1		
45 - 65	-	-		
65 AND OVER	-	1		
	<u>3</u>	<u>2</u>		

	<u>Rates per 1000 of population</u>	
	<u>Saltash M.B.</u>	<u>Health Area No. 7</u>
New cases	0.67	0.53
All known cases	7.81	6.46
Deaths	-	0.12

At the end of 1958 there were 53 known cases of respiratory tuberculosis and 5 known cases of non-respiratory tuberculosis resident in the Borough.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1958

DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7.
Heart disease	73	60	38	20	53	23	267
Cancer (all sites)	43	19	19	10	15	7	113
Vascular lesions of the nervous system ("stroke")	29	26	15	12	17	1	100
Respiratory disease	11	19	5	6	7	6	54
Circulatory disease	15	7	2	2	5	2	33
Accidents	5	4	6	-	2	1	* 18
Genito-urinary disease	5	3	2	1	1	1	13
Diabetes	4	-	1	-	1	-	6
Tuberculosis	3	3	-	-	-	-	6
Suicide	-	1	2	-	-	-	3

* Includes 4 deaths in motor vehicle accidents

APPENDIX 2

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1958

TYPE OF DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Coronary disease, angina	24	19	14	9	11	14	91
Hypertension with heart disease	5	4	3	2	3	-	17
Other heart disease	44	37	21	9	39	9	159
Cancer of lung & bronchus	9	2	7	2	1	1	22
Cancer of stomach	9	1	3	1	3	-	17
Cancer of breast	5	1	1	1	1	-	9
Cancer of uterus	3	-	1	-	1	1	6
Other cancers	17	15	7	6	9	5	59

APPENDIX 3

DEATHS BY AGE GROUPS - 1958

DISTRICT	0 - 5 YEARS	5-15 YEARS	15-45 YEARS	45-65 YEARS	65-75 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	4	2	6	45	60	93	210
LISKEARD R.D.	6	1	7	31	39	81	165
SALTASH M.B.	2	1	3	23	23	49	101
TORPOINT U.D.	2	1	1	7	23	23	57
LISKEARD M.B.	2	-	4	18	32	51	107
LOOE U.D.	1	-	-	8	16	19	44
HEALTH AREA NO. 7	17	5	21	132	193	316	684

APPENDIX 4.

AVERAGE AGE AT DEATH - 1958

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	68	71
LISKEARD R.D.	68	73
SALTASH M.B.	70	70
TORPOINT U.D.	64	73
LISKEARD M.B.	70	73
LOOE U.D.	69	72
HEALTH AREA No.7	68	72

APPENDIX 5

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO. 7 - 1958

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 1 YEAR	-	-	-	-
1 - 5 YEARS	1	-	-	-
5 - 15 YEARS	3	2	-	-
15 - 45 YEARS	8	8	-	1
45 - 65 YEARS	3	-	3	1
65 YEARS AND OVER	-	2	1	-
TOTALS	15	12	4	2

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1,000 OF POPULATION	0.29	0.23	0.53
MORTALITY RATE PER 1,000 OF POPULATION	0.08	0.04	0.12

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO.7 - 1958

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u> <u>AT 31.12.58.</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.45	6.25	0.19
LISKEARD R.D.	0.36	4.97	0.22
SALTASH M.B.	0.67	7.81	-
TORPOINT U.D.	0.81	8.29	-
LISKEARD M.B.	0.93	7.18	-
LOOE U.D.	0.27	6.37	-
HEALTH AREA NO. 7	0.53	6.46	0.12
CORNWALL COUNTY	0.65	7.36	0.13

APPENDIX 6

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1958

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45	1	-
45 - 65	8	5
65 - 75	4	2
75 AND OVER	2	-
ALL AGES	15	7

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1,000 OF POPULATION - 1958

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO. 7	0.293	0.137	0.430
CORNWALL COUNTY	0.218	0.065	0.283
ENGLAND AND WALES	0.378	0.062	0.440

